

AFDC - Family Groups and Unemployed Homeless Assistance Program Monthly Statistical Report

Send one copy to:
California Department of Social Services
Data Systems and Survey Design Bureau, M.S. 9-081
P.O. Box 944243
Sacramento, CA 94244-2430
FAX: (916) 657-2074

County			Month/Year	
PART A: REQUESTS FOR HOMELESS ASSISTANCE	TEMPORARY	PERMANENT	PERMANENT (w/TEMP)	TOTAL
Inventory Adjustment.....				
1. Pending from prior month.....				
2. Received during month.....				
3. Total on hand for the month.....				
4. Disposed of during month.....				
a. Total approved.....				
b. Total denied.....				
5. Pending at end of month.....				
PART B: TEMPORARY SHELTER INFORMATION				
6. Total number of days authorized for temporary shelter requests approved during the month....				
7. Number of cases granted temporary shelter based on apparent eligibility but subsequently found ineligible.....				
PART C: NET EXPENDITURES				
8. Net expenditures.....				
a. Temporary shelter case expenditures.....				
b. Permanent shelter case expenditures.....				
PART D: SPECIAL INFORMATION				
9. Number of requests received from new applicants (Versus current recipients).....				
10. Number of requests approved for a new applicants (Versus current recipients).....				
Name and Title of person to contact regarding this report		Date prepared		
Telephone		Fax		

**AFDC – FAMILY GROUPS and HOMELESS ASSISTANCE PROGRAM
MONTHLY STATISTICAL REPORT
CA 237 HA**

CONTENT

For the AFDC Homeless Assistance (HA) Program this report provides monthly data on the requests for homeless assistance, the number of requests approved and denied, and the net amount of all HA paid during the report month.

PURPOSE

The purpose of this data is to provide County, State and Federal administrators with information needed for budgeting, staffing, program planning, and for other administrative responsibilities.

DISTRIBUTION

Data in this report is compiled and distributed to the State Legislature, U.S. Department of Health and Human Services, California Department of Social Services (CDSS) administrators and other administrative staff.

DUE DATE

The report is to be received in Sacramento on or before the 18th working day of the calendar month following the Report Month. Send the report to:

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The Report may also be faxed to: (916) 657-2074.

When data is unavailable or has not been reconciled, transmit a report by the due date containing all available information. Attach a note indicating when the Department may expect to receive the rest of the report. Forward missing figures as soon as possible. A report shall be submitted even if there were no requests for HA in the County for the Report Month.

GENERAL INSTRUCTIONS

PART A: REQUEST FOR HOMELESS ASSISTANCE

Part A summarizes HA request activities during the Report Month.

1. Pending from prior month – Entry will equal Item 5 of the previous month’s report. (It is anticipated that this entry will be very low as most cases will be processed within a very short timeframe).
2. Received during month – Enter the total number of requests received for HA during the Report Month. These numbers should be broken out by:

Temporary (Col. 1) – Requests received for temporary housing assistance. If a request is received for temporary and permanent assistance simultaneously, the request receives one count in the Temporary Column (Col. 1) and one count in the Permanent w/Temp Column (Col. 3).

NOTE: A REQUEST FOR OR RECEIPT OF TEMPORARY HA SHOULD ALWAYS BE COUNTED IN THE TEMPORARY COLUMN (COL. 1) REGARDLESS OF WHETHER A REQUEST FOR OR RECEIPT OF PERMANENT HA EXISTS.

Permanent (Col. 2) – Requests received for permanent housing assistance only.

Permanent (w/Temp.) (Col. 3) – Requests received for permanent housing assistance where there was a prior request for temporary housing assistance within the regulated timeframe (16 days),¹ or the family requested both temporary and permanent housing assistance simultaneously.

NOTE: THIS BREAKOUT WILL PROVIDE FOR UNDUPLICATED COUNTS FOR HOMELESS ASSISTANCE

3. Total on hand for the month – Enter the total number of requests available to process during the Report Month. (This entry will include any requests pending from the Prior Month plus those received during the Report Month).
4. Disposed of during month – Enter the total number of requests for which an action has been taken at some time during the Report Month. (This entry will include all approvals and denials for the Report Month).
 - a. Total approved - Enter the total number of approved requests for which there have been benefits issued during the Report Month for both temporary and permanent, or permanent combined shelter.
 - b. Total denied - Enter the total number of requests for which a denial has been issued for temporary, permanent, or permanent combined shelter.
5. Pending at end of month – Enter the number of requests carried forward to the next month. (As with Item 1, there is very little activity anticipated with regard to pending requests).

¹ MPP 44-211

PART B: TEMPORARY SHELTER INFORMATION

6. Total number of days authorized for temporary shelter requests approved during the month - This includes multiple requests approved during the month (e.g., three requests approved for one week of temporary shelter each would show the total number of days authorized as 21.)
7. Number of requests granted temporary shelter based on apparent eligibility but subsequently found ineligible during the Report Month— This includes requests that were granted, based upon presumed eligibility, in which it was later established that eligibility did not exist (e.g., a request for temporary shelter is approved because the initial information provided to the EW indicated eligibility. However, after the verification process, information rendering the person ineligible was obtained; therefore this person would be discontinued).

PART C: NET EXPENDITURES

8. Net expenditures – This part of the report provides for a summary of the net amount of HA aid issued to eligible persons approved for temporary or permanent shelter. The amounts entered in this item should correspond with those reported on the fiscal summary documents.
 - a. Temporary shelter case expenditures – Enter the net amount of HA aid issued to persons approved for temporary shelter only.
 - b. Permanent shelter case expenditures – Enter the net amount of HA aid issued to persons approved for permanent shelter only.

PART D: SPECIAL INFORMATION

9. Number of requests received from new applicants (Versus current recipients) – Enter the total number of requests for shelter (temporary or permanent) during the Report Month from persons who, at the time of the request, were not receiving AFDC, as opposed to persons requesting shelter who are already receiving AFDC.
10. Number of requests approved for new applicants (Versus current recipients) – Enter the number of requests approved during the Report Month, which represent approved requests for new applicants, for both temporary and permanent shelter.

NOTE: THE REMAINING AREA OF PART D IS TO BE USED ONLY UPON
INSTRUCTIONS FROM CDSS

FORM (ATTACHMENT) CA 237-HA

Fill in the information requested at the top and bottom of the report form. If there is nothing to report on an item enter "0"; do not leave any items blank. However, if there is nothing to report on any items in PART A, PART B, PART C, or PART D, draw a line across the entire PART – "0" entries need not be made in this instance.